Request to Place an Item on the Agenda

Name: Laura Volh
Address: 205 Airport Rd, Elkhor, Ky 43800
Telephone number: 370 - 365 - 3436
Name of school children attend, if applicable: N/A
Group represented: Todd / Muhlinbury MEP Consoctium
Check if request was submitted to:
Conferred with following administrators (names):
Description of Issue: attend National Migrant Education Confuse
Son Antonio, TX April 7-10, 2003
Specific Action Requested: Approve perhaperon / artendance at
Notional Migrant Education Confuence to be paid from MEP
Funds
- Laura Voth, Pablo Borja-Rominz, Flor Gun
Check if you are: ☐ Board Member ☐ District Employee ☐ Community Member
All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.
Review/Revised: 3/13/06

2022 NATIONAL MIGRANT EDUCATION CONFERENCE

THURSDAY APRIL 7 - SUNDAY APRIL 10, 2022 IN SAN ANTONIO, TEXAS

Preferred First Name for Name Badge	Middle Initial	Last Name
referred i list ivalile for ivalile badge		Title
Employer/Organization		
Phone Email		Billing Email
Mailing Address		
City	State	Zip Code
Are you an eligible migrant parent?	■No	
Will you attend the Sunday Luncheon?	□No	If you have any questions, please call (505) 508-2999 or email NASDMEregistration@mgr-events.com
Do you require a vegetarian meal?	□No	
Do you have any accessibility needs?	□No	
If yes, please describe:		
Preferred language for workshops:	Spanish [Other:
On Site: \$475 – Postmarked after March	n 18, 2022/Duri	ng conference registration hours.
Fill in your Billing Information only if it differs from the Billing Organization	information pro	vided above.
Fill in your Billing Information only if it differs from the Billing Organization	information prov	vided above.
Fill in your Billing Information only if it differs from the Billing Organization Billing Address City	information prov	zip Code
Fill in your Billing Information only if it differs from the Billing Organization Billing Address City Check (Payable to NASDME 2022 National Confe	information prov	zip Code Purchase Order No.*
Fill in your Billing Information only if it differs from the Billing Organization Billing Address City Check (Payable to NASDME 2022 National Confe	State rence) can Express (Zip Code Purchase Order No.*
Fill in your Billing Information only if it differs from the Billing Organization Billing Address City Check (Payable to NASDME 2022 National Confe VISA MasterCard Discover Americ Expiration Date CVV Code Cardholder Signature All credit cards must be valid through the dates of the event. *Official Purchase Orders from identifiable public or private agency	State rence) can Express (Zip Code Purchase Order No.* Credit Card No. Cardholder Name Billing Zip Code